

FILED APR 3 1948
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2762

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3201 So. 9th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

3. (a) PRINT FULL NAME ELGIN F. EMIGH3. (b) If veteran, name war.....
3. (c) Social Security No.

4. Sex MALE 5. Color or race W
6. (a) Single, widowed, married, divorced, MA
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive.....
7. Birth date of deceased DEC 29 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 2 20 hr. min.9. Birthplace.....
(City, town, or county) (State or foreign country)10. Usual occupation: TAVERN OWNER

11. Industry or business:

12. Name JOHN EMIGH
13. Birthplace.....
(City, town, or county) (State or foreign country)
14. Maiden name LULU IRWIN
15. Birthplace.....
(City, town, or county) (State or foreign country)

16. (a) Informant WIFE A. EMIGH
(b) Address 3201 S. NINTH ST.17. (a) BURIAL (b) Date thereof 3-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
(b) Address 2208 St. Louis ave19. (a) MAR 21 1948 (b) J. F. Braden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County.....
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3201 S. 9th
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country CANADA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1948 hour 2 minute 00 P M.21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....that I last saw h..... alive on.....
and that death occurred on the date and hour stated above.Immediate cause of death.....
Cerebral Hemorrhage
Ruptured Vessel Circle of
Willis

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations.....

Of autopsies.....

PHYSICIAN

Underline
the cause of
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public
place?.....

While at work?.....
(Specify type of place) (Means of injury) 3 Days
23. Signature Patrick E. Juy (M. D. or other)
Address..... Date signed 3/20/48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed

John S. Penney

Licensed Embalmer No. 4194

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.